

State of New Jersey
Department of Labor
DIVISION OF WORKERS' COMPENSATION

(CONTINUATION)
ORDER
☐ JUDGMENT
☐ APPROVING SETTLEMENT
☐ DISMISSAL
☐ DISCONTINUANCE
☐ OTHER

CASE NO.'S _____

D.O. _____

Permanent Disability (Describe Percentages, Nature and extent of Disability, and Members Involved)

DISABILITY AWARDED

TEMPORARY: _____ Weeks at \$ _____ = \$ _____ less \$ _____ paid = Balance due \$ _____

PERMANENT: _____ Weeks at \$ _____ = \$ _____ less \$ _____ paid = Balance due \$ _____

Medical Bills (Doctors and/or Institutions)

☐ ORDER FOR DISTRIBUTION ATTACHED

☐ ADDENDUM ATTACHED

MEDICAL FEE ALLOWED (Expert and/or Testimonial)

TAX IDENTIFICATION
NUMBER

TOTAL AMT.
ALLOWED

PAYABLE BY
PETITIONER

PAYABLE BY
RESPONDENT

INTERPRETER

TOTAL

PAYABLE BY
PETITIONER

PAYABLE BY
RESPONDENT

ATTORNEY (S) FEE

TOTAL

PAYABLE BY
PETITIONER

PAYABLE BY
RESPONDENT

STENOGRAPHIC SERVICE

TOTAL

PAYABLE BY
PETITIONER

PAYABLE BY
RESPONDENT

MISCELLANEOUS FEES

TOTAL

PAYABLE BY
PETITIONER

PAYABLE BY
RESPONDENT

WE HEREBY CONSENT TO THE ENTRY AND
FORM OF THIS ORDER AND ACKNOWLEDGE A COPY.

(JUDGE OF COMPENSATION)

(DATE)

(PETITIONER'S ATTORNEY)

(RESPONDENT'S ATTORNEY)

PETITIONER (Where Applicable)